



Bib Data Sheet


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**** CONTINUING DATA ******* *NO AT*

**** FOREIGN APPLICATIONS ******* *YES AT*
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>A. Turner AT</i> Examiner's Signature Initials	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 1	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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FILING FEE RECEIVED 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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